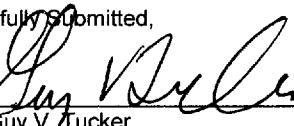
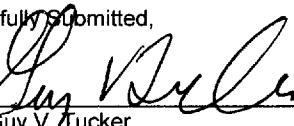


IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Clark et al.	Group No: 3771
Application No: 10/627,591	Examiner: Douglas, Steven O
Confirmation No. 2973	Attorney Docket No: 53229-US-CNT[2] (0029.10)
Filed: July 25, 2003	
Title: AEROSOLIZED ACTIVE AGENT DELIVERY	February 19, 2009 San Francisco, CA 94107

Mail Stop Appeal Briefs-Patents Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Extension of Time		
	<input type="checkbox"/> Applicant petitions for an extension of time under 37 C.F.R. 1.136		
<input checked="" type="checkbox"/> Response to Final Office Action <input type="checkbox"/> Comments on Statement of Reasons for Allowance <input type="checkbox"/> Notice of Appeal (form PTO/SB31) <input type="checkbox"/> Drawings <input type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> PTO-SB08 Form <input type="checkbox"/> Citations <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Postcard for Return	Extension (Months)	Extension Fee	
		Large Entity	Small Entity
	<input type="checkbox"/> One Month	\$130.00	\$65.00
	<input type="checkbox"/> Two Months	\$490.00	\$245.00
	<input type="checkbox"/> Three Months	\$1,110.00	\$555.00
Total \$ 0.00			
<input checked="" type="checkbox"/> Applicant believes that no extension of term is required. However, this conditional petition is being made in case applicant has inadvertently overlooked the need for a petition for extension of time.			

Fees for Extra Claims						
	Claims remaining after amendment	Highest number previously paid for	Number Extra	Rate		Additional Fee
				Large Entity	Small Entity	
Total Claims	28	30	0	\$52.00	\$26.00	\$0.00
Independent Claims	5	5	0	\$220.00	\$110.00	\$0.00
Multiple Dependent Claims			0	\$390.00	\$195.00	\$0.00
Supplemental Information Disclosure Statement						
					Total	\$0.00

Fee Payment	Fee Deficiency
Extension Fee <input type="checkbox"/> \$0.00	<input checked="" type="checkbox"/> If any additional extension and/or fee is required, please charge Deposit Account No. <u>10-0258</u> . and/or <input checked="" type="checkbox"/> If any additional fee for claims is required, please charge Deposit Account No. <u>10-0258</u> .
Fees for Extra Claims <input type="checkbox"/> \$0.00	
Total <input type="checkbox"/> \$0.00	
<input type="checkbox"/> Attached is check no. _____ in the sum of <u>\$0.00</u> . <input type="checkbox"/> Please charge Deposit Account No. <u>10-0258</u> in the sum of <u>\$ 0.00</u> .	
CERTIFICATE OF TRANSMISSION (37 C.F.R. § 1.8a) <p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450; facsimile transmitted to the U.S. Patent Office at (571) 263-8300; or electronically filed, on the date shown below:</p> <p>By:  Melanie Hitchcock Date: February 19, 2009</p>	
<p>Please direct telephone calls to: Guy V. Tucker at (415) 538-1555 Please send correspondence to: Guy V. Tucker Janah & Associates, PC 650 Delancey Street, Suite 106 San Francisco, CA 94107</p> <p>Respectfully submitted,  By:  Guy V. Tucker Date: February 19, 2009 Registration No. 45,302</p>	